

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019423

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 47

FILED JUN 7 1962

1. PLACE OF DEATH

a. COUNTY

Lafayette

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN LexingtonLength of stay in 1b
5 daysc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION MemorialInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Lafayettec. CITY OR TOWN HigginsvilleInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
202 West 19thReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Louis

Middle

Henry

Last

Fiene

4. DATE OF DEATH

Month

May

Day

26

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10-26-1889

9. AGE (last birthday)

72

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Miller

10b. KIND OF BUSINESS OR INDUSTRY

Milling

11. BIRTHPLACE (City and state or country)

Concordia, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

George Fiene

13b. MOTHER'S MAIDEN NAME

Sophia Dankenbrink

14. NAME OF HUSBAND OR WIFE

Ethel Gosh Fiene

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Ethel Fiene Higginsville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Uremia

INTERVAL BETWEEN ONSET AND DEATH

5 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

massive M.I. - Homotransfusion & repeated transfusion 2 weeks

DUE TO (c)

Thrombocytopenia due to acute leukemia

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

pt underwent splenectomy 3 days before death

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1955 to 5-26-62 and last saw him alive on 5-25-62Death occurred at 10:25 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

William E. Fulherson M.D.

22b. ADDRESS

Higginsville Mo.

22c. DATE SIGNED

5-29-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

5-29-1962

23c. NAME OF CEMETERY OR CREMATORY

City

23d. LOCATION (City, town, or county)

Higginsville, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Forrest A. Hoefel Higginsville, Mo.

25. DATE RECD. BY LOCAL REG.

5-29-62

26. REGISTRAR'S SIGNATURE

Maura E. Eastbrook

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

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SHOULD READ

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JUN 7 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Forrest H. Hoyer

Licensed Embalmer No. 4358

P. O. Address Higginsville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.